

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011056
STATE FILE NUMBER
2594

FILED APR 7 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 40 yrs.		d. STREET ADDRESS (If outside, give location) 4414 Enright Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HENRY Middle _____ Last JOHNSON				4. DATE OF DEATH Month March Day 10 Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 25, 1877	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.		11. BIRTHPLACE (City and state or country) Yazoo, City, Miss		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joe Johnson		13b. MOTHER'S MAIDEN NAME Hannah Williams		14. NAME OF HUSBAND OR WIFE Mable Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT Mable Johnson Address 4414 Enright Avenue			
18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage Fractured Ribs. DUE TO (b) _____ DUE TO (c) suffered when struck by car PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition in PART I) apparent by x-ray did not bleed profusely about 7:05 p.m., March 10 1959.				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 8.) Struck by car					
20c. TIME OF INJURY Hour 7:05 Minute 5 Month 3 Day 10 Year 1959		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 110 Street		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo		STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Deceased or title) Struck & Taylor Coroner			
22b. ADDRESS 300 Clark		22c. DATE SIGNED 3/11/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/17/1959		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Charles J. Gates		ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. MAR 13 '59		26. REGISTRAR'S SIGNATURE Karl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Aven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.